CURRENT FISCAL YEAR DECISION SUPPORT SYSTEM (DSS) OUTPATIENT IDENTIFIERS

1. PURPOSE: This Veterans Health Administration (VHA) Directive defines the Decision Support System (DSS) Identifiers. ***NOTE: DSS Identifiers are also known as stop codes.*** It is a guide to the operational set-up of DSS Identifiers by local Department of Veterans Affairs (VA) medical center Chief Business Office (CBO) staff. It informs major users of VHA Ambulatory Data Sets concerning the current descriptions and definitions of VHA outpatient workload centers (production units) and the current Fiscal Year (FY) Reference lists.

2. BACKGROUND

a. For more than 30 years, VHA has collected ambulatory care data that supports the continuity of patient care, resource allocation, performance measurement, quality management and research, and improved third-party payment or collections. DSS Identifiers assist VA medical centers in defining outpatient production units, which are critical for costing outpatient VHA work. In the absence of sufficient Ambulatory Care case-mix indicators, DSS Identifiers, or Stop Codes, have a value for grouping like-types of care, both for economic and resource utilization analysis.

b. **Importance of DSS Identifiers.** DSS Identifiers are the single and critical designation by which VA defines outpatient production units or clinical work units. *NOTE: For Medicare cost reports, VA needs to have production units in the clinic or "Ambulatory Care Revenue Centers." DSS Identifiers have been used to designate these medicine work units for outpatients.*

(1) **Standardization.** It has become increasingly important that VA medical centers standardize the use of DSS Identifiers and not deviate from nationally directed standards. *NOTE: This is especially true in critical areas like Ambulatory Surgery, Primary Care, and Observation.*

(2) **Relationship to the Cost Distribution Report (CDR), and its FY 2004 Replacement, Monthly Program Cost Report (MPCR).** For FY 1997 and thereafter, the CDR and/or MPCR extracts only the primary stop code portion of the six-character DSS Identifier for CDR/MPCR workload purposes.

c. **Basis of DSS Identifiers and a Major Principle of DSS Identifier Set-up for the Current Fiscal Year.**

(1) A major clarification in the future use of VHA stop codes was made at the final Ambulatory Care Redesign meeting in November 1995, at the Medical Care Cost Fund (MCCF) Program Office in Washington, DC.

THIS VHA DIRECTIVE EXPIRES SEPTEMBER 30, 2009

(a) Since 1997, the use of stop codes has focused on two important purposes:

1. To indicate the outpatient work group (or production unit) which was responsible for providing the specific set of clinic products; and

2. To serve as stable VA medical center-specific products that could be used to compare costs between sites over the years when attached to a value for scheduled-time and other modifiers (i.e., as the DSS feeder key for Ambulatory Care products).

(b) The diagnostic information for Ambulatory Care patients is taken from International Classification of Disease, 9th Edition, Clinical Modification (ICD-9-CM) codes. Current Procedure Terminology 4th Edition (CPT-4), published by the American Medical Association, and Healthcare Common Procedure Coding System (HCPCS) level II codes, published by the Centers for Medicare and Medicare Services (CMS), are used to denote clinical interventions.

(2) Many VHA national database users actively use the DSS Identifiers for workload searches to indicate the general type of work, as well as the type of production unit creating this work, for example:

(a) CDR and its replacement MPCR;

(b) VHA reimbursement office (i.e., Allocation Resource Center (ARC) - Veterans Equitable Resource Allocation (VERA));

(c) Clinical program offices;

(d) Health Service Research and Development (HSR&D); and

(e) National VHA Performance Measures.

(3) Others depend on stable and reliable VHA stop codes to represent similar work for outpatient care in VHA National Databases over the years.

d. **Use of Stop Codes in VA Medical Centers with Text Integration Utility (TIU) or Clinic Patient Record System (CPRS)**

(1) **Initiation.** In FY 1999, VA medical centers started to use TIU, which is a prerequisite for CPRS.

(2) **Problems with Unscheduled Encounters on TIU.** When a VA medical center outpatient provider is using the Event Capture System (ECS) to send data to Patient Care Encounter (PCE) in an automated manner, a problem is encountered if a TIU unscheduled encounter is made for the same patient. The TIU requires the provider to enter an encounter before the progress note can be done, so a second encounter (equals an outpatient encounter on DSS) will be made for the same stop for the same day and provider, when the ECS automated entry option is used.

(a) This does not represent a problem for DSS because:

1. All the clinic utilization for the same Social Security Number (SSN) on the same day for the same primary stop code is reported as only one encounter.

2. The products coming from the DSS clinic (CLI) extract should be already "stats only," and the ECS products are and should be used only for the Department Cost Manager (DCM)-costed products.

(b) However, for CBO and PCE, this required function of TIU effectively results in double counts for TIU users in clinics sending data to PCE from ECS.

(3) **Two Options for VA Medical Centers to Use in Solving the TIU Unscheduled Visit Problem**

(a) Option One. Option one, the preferred option, is for the VA medical center CBO to create a second, non-count CBO clinic for TIU-users to write notes for unscheduled patients. The original count clinic stop code should be used only for data coming to PCE from ECS.

(b) Option Two. Option two is to allow both TIU-created unscheduled visits and ECS data and/or cost visits to enter PCE as separate encounters for the same SSN, same primary stop on the same day. This requires no action by the VA medical center's CBO.

(4) **For VA Medical Centers with TIU and/or CPRS, There is a New CBO Set-up for Simultaneous Data Entry into ECS and into TIU Progress Notes.** To enhance single-entry and sign-on functionality for VA medical centers using TIU (with CPRS and ECS data entry), the Associate Chief Information Officer (ACIO) for Technical Services' Support Team for DSS, at Albany, NY, has provided guidelines (see Reference L at http://vaww.dss.med.va.gov/ on how to create a menu template to help create a TIU-ECS-combined menu, so one can go directly from entry of a TIU progress note to entry of an ECS procedure.

e. **Use of DSS Identifiers**

(1) Some field elements of VHA are moving toward Patient Care Service Lines and/or provider-led practice groups or teams to provide coordinated, comprehensive managed care to their team's panel of patients.

(2) DSS Identifiers are markers for VHA Ambulatory Care Production Units like Medicare Revenue Centers. DSS identifiers serve as guides to DSS outpatient department structures.

(3) This DSS Directive to capture Ambulatory Care Data is developed in service lines sets as follows:

100 – 299	Ancillary and General Support Services
300 – 399	Medicine and Primary Care Services
400 – 449	Surgical Services
500 – 599	Mental Health Services
600 – 699	Various Special Programs and Non-VA Care DSS only (except Department of Defense (DOD) stop code 656). Non-count except National Patient Care Database (NPCD).
450 – 499 and 700 – 999	Other

f. **Method to Request New DSS Identifiers.** Work with the relevant VHA Central Office Clinical Program Office to submit a request by e-mail to the VHA DSS Stop Code Task Force (Outlook: VHA DSS Stop Code Task Force) at the Bedford Decision Support Office (DSO). The request will be reviewed for technical impact and placed on the field-based DSS Identifier Task Force (also known as the VHA DSS Stop Code Council) agenda for consideration and prioritization.

g. **Relationship of the Veterans Health Information Systems and Technology Architecture (VistA) CBO Stop Code Files with Austin Automation Center (AAC).** Annually, all new DSS Identifier changes outlined in numbered administrative issues are updated in CBO files and AAC edits.

h. **Definitions**

(1) **DSS.** DSS provides information to support VHA business needs including: multi-pay or revenue determination; product and case-costing; resource utilization tracking; quality indicators; retrospective review of groups of cases for various quality protocols, reimbursement modeling and annual VA medical center and Veterans Integrated Services Network (VISN) budgeting. DSO staff also manages the current year DSS Identifier Reference lists.

(2) **DSS Identifier.** A DSS Identifier is a VHA term, effective October 1, 1996, that characterizes VHA Ambulatory Care Clinics by a six-character descriptor. The DSS Identifier value is transmitted to the NPCD with each separate outpatient encounter into the NPCD field "DSS Identifier." *NOTE: For definition of an encounter, see following subparagraph2h(3)*. A primary stop code and a secondary stop code compose the DSS Identifier.

(a) Primary Stop Code. The first three characters of the DSS Identifier represent the primary stop code. The primary stop code designates the main Ambulatory Care Clinical Group or production unit responsible for the clinic. Three numbers must always be in the first three characters of a DSS Identifier for it to be valid.

(b) Secondary Stop Code. The last three characters of the DSS Identifier contain the secondary stop code which serves as a modifier to further define the primary work group. The VA medical center uses the secondary stop code, when appropriate, as a modifier of the work in the primary Ambulatory Care work unit (primary stop code).

1. The secondary stop code modifier can represent the type of services provided. A Diabetes Specialty Clinic, for example, that also gives Primary Care services to Diabetic patients, would have a DSS Identifier 306 Diabetes (the primary stop code to designate the work group) and 323 Primary Care Medicine (the secondary stop code to designate the services provided).

2. The secondary stop code modifier can represent the type of provider or team. For example, a Mental Health Clinic run by a social worker can be designated 502125.

3. The secondary stop code modifier can also represent a specially funded program. For example, an Alcohol Abuse Clinic within a Substance Abuse work group would be 513 (Substance Abuse Individual Counseling), 461 (Alcohol Specially-Funded Program).

(c) The NPCD. VHA stores outpatient visit data in Statistical Analysis System (SAS) files at the AAC. In 1997, VHA replaced the legacy Outpatient Clinic (OPC) system with NPCD and then switched the data source for the outpatient SAS files from OPC to NPCD. In NPCD, the DSS Identifier is stored in a single field that contains both the primary, and if entered, the secondary stop code. When the data is extracted from NPCD to the SAS files, the primary stop code is stored in the variable CL and the secondary stop code is stored in the variable CLC. This is only true for the Austin file MDPPRD.MDP.SAS.SEyy (where yy = fiscal year), an encounter-based file. The only other SAS file maintained for outpatient workload is MDPPRD.MDP.SAS.SFyy, a file that lists only primary clinic stops associated with a veteran's health care visit. In FY 2002, the MPDPPRD.MDP.SAS.SCyy and SGyy files were discontinued. *NOTE: NPCD outpatient encounters are reported for workload using only the primary DSS identifier.*

(3) **Encounter.** An encounter is a professional contact between a patient and a practitioner vested with primary responsibility for diagnosing, evaluating and/or treating the patient's condition.

(a) Contact can include face-to-face interactions or those accomplished using telemedicine and/or telehealth.

(b) The use of e-mail does not constitute an encounter at this time. As e-mail communications are not secure, e-mail will not contain patient specific information. In the future, when secure methods of e-mail communication for health care are widely used to ensure privacy and security of patient information, inclusion of e-mail interactions between patients and providers should be re-evaluated. E-mail will not be used to communicate urgent matters.

(c) By definition, encounters are neither occasions of service nor activities incidental to an encounter for a provider visit. For example, the following activities are considered part of the encounter itself and do not constitute encounters on their own: taking vital signs, documenting chief complaint, giving injections, pulse oximetry, etc. Activities that are an integral part of an encounter are not to be reported in a separate encounter. A patient may have multiple encounters per 24 hours.

(d) For VHA purposes, a telephone contact between a practitioner and a patient is only considered an encounter if the telephone contact is documented and that documentation includes the appropriate elements of a face-to-face encounter, namely history and medical decision-making. Telephone encounters must be associated with a telephone clinic that is assigned one of the DSS telephone three-digit identifiers.

(e) Telemedicine and/or Telehealth Services. Telemedicine and/or telehealth is generally described as the use of communication equipment to link health care practitioners and patients in different locations.

1. This technology is used by health care providers for many reasons, including: cost efficiency, reduced transportation expenses, improved patient access to specialists and mental health providers, reduced waiting times, improved quality of care, and better communication among providers.

2. Telemedicine and/or telehealth encounters must be designated with the appropriate secondary DSS Identifier of 690, 692 and 693. However, if the Telehealth services are provided to the veteran in their place of residence, then such care is considered Home Telehealth care (see following subpar. 2h(3)(f)), and the appropriate DSS Identifier from the 683-686 series, 371, or 179 must be used.

(f) Home Telehealth. Home telehealth activities can consist of: patient assessment/evaluation at the clinic or at the home; patient orientation and/or technology set-up at the home; daily monitoring of a patient through review of data received from in-home messaging devices; interventions based on interpretation of data received from monitoring with an in-home messaging device; real-time video technology; telephone calls; office visits; home visits; and residential facility visits.

NOTE: Care Coordination and Home Telehealth (CCHT) specifically incorporates principles of care and case management using health informatics, disease management and Telehealth technologies. The use of pertinent CCHT stop codes requires VISN adherence to "Conditions of Participation" set by the VHA Office of Care Coordination.

(g) Collateral services provided as a part of the patient's care (such as family therapy) are not to be reported separately. Collateral services provided directly to the collateral (for example, to the spouse) separate from the patient must be reported separately for the collateral (i.e., stress reduction skills).

3. POLICY: It is VHA policy that the procedures for the selection and management of the VHA DSS Identifier system apply to all field facilities.

4. ACTION: Medical Center and Veterans Integrated Service Networks (VISN) Directors are responsible for ensuring that:

a. All CBO DSS Identifiers must match all DSS worksheet DSS Identifiers in all six characters. *NOTE: This applies to all clinics that are "count" clinics for DSS. For the current fiscal year, National DSS Identifier lists, see* <u>*References A through M*</u> *at* <u>*http://vaww.dss.med.va.gov/programdocs/pd_oident.asp.*</u>

b. VA medical centers and VISNs use DSS Identifiers in a standard and consistent manner for:

(1) National VHA and VISN comparison purposes,

(2) Ease in automating the new DSS-developed template for outpatient facility Medicare and CMS Cost Reporting,

(3) The current national VHA CDR, and

(4) Reliable benchmarking and outpatient contract cost predictions.

NOTE: Full adherence to the current fiscal year's DSS Identifier set- up instructions is expected. DSS Identifiers are updated annually.

c. In each current fiscal year, the VA medical center CBO ensures that the CBO DSS Identifiers for each clinic are in concurrence with the DSS Site Manager's DSS Identifiers from the DSS worksheet. This is necessary because the DSS identifier of the clinic (used by the VA medical center CBO) creates the DSS Medical Record encounter to which the DSS Identifier from the DSS worksheet must send the costed intermediate product from the DSS CLI Extract and other case resource utilization. To create the most appropriate cost products for Ambulatory Care, DSS Identifiers (from both CBO and the DSS worksheet) should match.

d. Local stops 450 through 485 are only used in the secondary stop code position for clinics reporting workload that is sent to DSS. This is indicated on the DSS Site Manager's menu stop code worksheet by any DSS Action Code other than #6 (not sent to DSS). This rule applies when the work is "non-count" to CBO, but "count" to DSS. In the case of a clinic set up for inpatient only (for example where CBO considers the clinic non-count), DSS would always designate such a clinic a count clinic.

NOTE: See Attachment A, Glossary of Acronyms, to further enable the use of DSS Identifiers at each facility. Also, see <u>*Reference I*</u> *at* <u>http://vaww.dss.med.va.gov/</u> *for a complete listing of all current FY DSS Identifiers and their specific definitions. This reference becomes effective on October 1 of each new fiscal year.*

5. REFERENCES

a. Active DSS Identifiers found at http://vaww.dss.med.va.gov/.

b. Summary of New and Inactivated DSS Identifiers found at http://vaww.dss.med.va.gov/programdocs/pd_oident.asp.

c. Existing Primary Stop Code Definition Changes found at http://vaww.dss.med.va.gov/programdocs/pd_oident.asp.

d. Existing Secondary Stop Code Changes found at http://vaww.dss.med.va.gov/programdocs/pd_oident.asp.

e. Stop Codes 100-299 Series Including Observation found at http://vaww.dss.med.va.gov/programdocs/pd_oident.asp.

f. Stop Codes 300 Series Definitions for Primary Care Data Reporting found at http://vaww.dss.med.va.gov/programdocs/pd_oident.asp.

g. Stop Code 400 Series Ambulatory Surgery Data Reporting found at http://vaww.dss.med.va.gov/programdocs/pd_oident.asp.

h. Stop Code 500-999 Series Mental Health and Other found at http://vaww.dss.med.va.gov/programdocs/pd_oident.asp.

i. Summary of Active Stop Codes found at http://vaww.dss.med.va.gov/programdocs/pd_oident.asp.

j. Ancillary Stop Codes and Chief Business Office (CBO) Exempt Stop Codes found at http://vaww.dss.med.va.gov/programdocs/pd_oident.asp.

k. Fiscal Year 2004 National Alpha "Numeric" (4 Character) Code Descriptions found at http://vaww.dss.med.va.gov/programdocs/pd_oident.asp.

l. Event Capture and/or Text Integration Utility Menu Template found at http://vaww.dss.med.va.gov/programdocs/pd_oident.asp.

m. Highlights of Decision Support System (DSS) Identifier Changes found at http://vaww.dss.med.va.gov/programdocs/pd_oident.asp.

n. American Society for Testing and Materials, Standard E1384-91.

o. National Committee for Vital and Health Statistics, Uniform Ambulatory Medical Care Minimum Data set.

p. M-1, Part I, Chapter 16.

6. FOLLOW-UP RESPONSIBILITY: The VHA Office of Finance, Decision Support Office, Database Development Section (175F) in Bedford, MA, is responsible for the contents of this directive. Questions may be directed to (781) 275-9175.

7. RESCISSIONS: VHA Directive 2003-040 is rescinded. This VHA Directive will expire on September 30, 2009.

S/ Arthur S. Hamerschlag for
Jonathan B. Perlin, MD, PhD, MSHA, FACP
Acting Under Secretary for Health

Attachment

DISTRIBUTION: CO: E-mailed 9/30/04
                              FLD: VISN, MA, DO, OC, OCRO, and 200 E-mailed 9/30/04

ATTACHMENT A

GLOSSARY OF ACRONYMS

AAC   Austin Automation Center **NOTE**: *This is where most VHA National databases are housed.*
AAS   Australian Antigen Serological Test
AD   Alzheimer's Disease
ADAM   Aneurysm Detection and Management
AEP   Auditory Evoked Potential
AFC   Ambulatory family Counseling
AICC   Advanced Illness Coordinated Care
AICS   Ambulatory Information Capture System
ALBCC   Account Level Budgeter Cost Center
AMIS   Automated Medical Information System
ANP   Advanced Nurse Practitioner
ARC   Allocation Resource Center

BDOC   Bed Days of Care
BDSO   Bedford Decision Support Office
BOC   Budget Object Class
BROS   Blind Rehab Outpatient Specialist

CAD   Computer Aided Design
CAM   Computer Aided Modeling
CAT   Computer Assisted Training
CBC   Complete Blood Count
CBO   Chief Business Office
CDR   Cost Distribution Report
CFO   Chief Financial Officer
CLI   Clinic
CMO   Chief Medical Officer
CMS   Centers for Medicare and Medicaid Services **NOTE:** *Formerly the Health Care Finance Administration (HCFA).*
C&P   Compensation and Pension
CMRS   Computerized Medical Record System
CNH   Community Nursing Home
CONSULT   Consultation
COS   Chief of Staff
CPRS   Clinic Patient Record System
CPT   Current Procedural Terminology
CPU   Central Processing Unit
CT   Computerized Tomography
CWT   Compensated Work Therapy

DCHV	Domiciliary Care for Homeless Veterans
DCM	Department Cost Manager *NOTE: A production unit reporting part of DSS.*
DCR	Daily Cost Resource
DM	Diabetes Mellitus (i.e., sugar diabetes)
DOD	Department of Defense
DOM	Domiciliary
DSM-IV	Diagnostic and Statistical Manual of Mental Diseases, 4th Edition
DSS	Decision Support System
EAP	Employee Assistance Program
ECHO	Echocardiogram
ECS	Event Capture System *NOTE: A generic resource utilization package in VistA Class I software.*
EEG	Electroencephalogram
EKG	Electrocardiogram
EMG	Electromyogram
ENT	Ear, Nose, and Throat
ETT	Exercise Tolerance Test
EVAL	Evaluation
FCA	Family Centered Activities
FDR	Feeder (i.e., for DSS)
FMRI	Functional Magnetic Resonance Imaging
FMS	Financial Management System
FOBT	Fecal Occult Blood Test
FTE	Full-time Equivalent
FY	Fiscal Year
GAF	Global Assessment Functioning
GECSHG	Geriatric Extended Care Strategic Healthcare Group
GEM	Geriatric Evaluation and Management
GI	Gastrointestinal
HBCC	Home-based Community Care
HBHC	Hospital -based Home Care
HBPC	Home-based Primary Care
HCHC	Home and Community Health Care
HCHV	Health Care for Homeless Veterans
HCMI	Homeless Chronically Mentally Ill
HHA	Home Health Aide
HIMS	Health Information Management Systems
HIPAA	Health Insurance Portability and Accountability Act
HIV	Human Immunodeficiency Virus
HMI	Homeless Mentally Ill
HSR&D	Health Service Research and Development
HUD	Department of Housing and Urban Development

A-2

ICCM   Intensive Community Case Management
ICD-9-CM International Classification of Disease, 9th Edition - Clinical Modification
IPCC   Intensive Psychiatric Community Care
IRMS   Information Resources Management Services
IV   Intravenous

KT   Kinesiotherapy

LD   Lactate Dehydrogenase (Liver Test)
LPN   Licensed Practical Nurse

MAT   Manual Arts Therapy
MCCF   Medical Care Cost Fund
MD   Medical Physician
MDS   Minimum Data Set
MEG   Magnetoencephalography
MH   Mental Health
MHICM   Mental Health Intensive Case Management
MPCR   Monthly Program Cost Report
MRA   Magnetic Resonance Appraisal
MRI   Magnetic Resonance Imaging
MS   Microsoft
MSDU   Medical Surgical Day Unit

NEPEC   New England Psychiatric Evaluation Center **NOTE:** *Located at the VA*
          Medical Center, West Haven, CT.
NHCU   Nursing Home Care Unit
NPC   National Patient Care
NPCD   National Patient Care Database
NOIS   National On-line Information Sharing

OOS   Occasions of Service
OP   Operation
OPC   Outpatient Clinic
OPT   Outpatient Therapy
OR   Operating Room
OT   Occupational Therapy

PA   Physician Assistant
PAI   Patient Assessment Instrument
PAP   Papanicolau Test (i.e., cervical smear cell test)
PCE   Patient Care Encounter (tracking) **NOTE**: *A VHA Ambulatory Care Vista*
          database
PCMM   Primary Care Management Module
PCT   PTSD Clinical Team
PEC   Patient Event Capture

PET Positron Emission Tomography
PI   Product Information
PM&RS Physical Medicine and Rehabilitation Service
POW Prisoner of War
PPD Purified Protein Derivative (Tuberculosis)
PROC Procedure
PRRTP Psychiatric Resident Rehabilitation Treatment Program
PSI   Psychiatry
PSO Psychology
PT   Physical Therapy
PTF Patient Treatment File *NOTE: An AAC-based Inpatient database, also a VA medical center VistA file.*
PTSD Post-traumatic Stress Disorder
Pub. L. Public Law

QO   Quality Officer

RAD Radiology
REHAB Rehabilitation
RN   Registered Nurse
RNP Registered Nurse Practitioner
RSCH Research
RT   Recreation Therapy
RUGS Resource Utilization Groups
RVU Relative Value Unit
RX   Prescription

SAS Statistical Analysis System
SC   An Austin outpatient SAS report that lists outpatient encounters by CPT code.
SCI   Spinal Cord Injury
SDH State Domiciliary Home
SF   An Austin outpatient SAS report that lists outpatient encounters by primary stop code and credit pair.
SHC State Home Care
SNH State Nursing Home
SSN Social Security Number
STRAF Special Therapeutic and Rehabilitation Activities Fund
SW   Social Worker

TIU Text Integration Utility *NOTE: A subfunction of the VHA VistA CMRS.*
TR   Transitional Residence

U.S.C. United States Code

VA   Department of Veterans Affairs
VACC VA Cost Center
VASH VA Shared Housing
VEP Visual Evoked Potential

VERA   Veterans Equitable Resource Allocation
VHA   Veterans Health Administration
VISOR   Visual Impairment Outpatient Program
VIST   Veterans Impairment Service Team
VistA   Veterans Health Information Systems and Technology Architecture
VISN   Veterans Integrated Service Network
VL   Variable Labor
VSSC   VISN Support Service Center